

**REQUEST FOR SOLE SOURCE**

TO: CHIEF PROCUREMENT OFFICER, COUNTY OF MAUI FINANCE DEPARTMENT  
FROM: DHHC/Senior Services Division/Home Delivered Meals Program (a/k/a Meals-on-Wheels  
(DEPARTMENT/DIVISION/BRANCH)  
RE: REQUEST FOR SOLE SOURCE APPROVAL

**PURSUANT TO 103D-306, and Subchapter 9, Chapter 3-122, HAR, the Department requests sole source approval to purchase the following (Description of goods, services, or construction):**

Expendable food service products for a meal packaging system used for the Home Delivered Meals  
Program which serves homebound/frail elderly on Maui. The meal packaging products includes:  
3-compartment paperboard trays, printed film/wrap with heating instructions, and meal movers (cases).

Name of Vendor: Oliver Packaging and Equipment, Inc.

Cost: \$ 66,795.96 Term of Contract: From: 07/01/21 To: 06/30/22

Prior Sole Source Reference No.(s), if any: 20-58

- (1) The goods, services, or construction has the following unique features, characteristics, or capabilities:  
Kaunoa Senior Services purchased this meal packaging system over 15 years ago from  
this vendor. The only expendable products that can fit this system are those designed and  
sold by this vendor. There are no other vendors who sell these products for this system.
  
- (2) How are the unique features, characteristics, or capabilities essential for the agency to accomplish its work:  
Kaunoa Senior Services provides home-delivered meals to the frail and homebound  
elderly on Maui. This meal packaging system adheres the film onto the paperboard tray  
thus sealing in the food for safety/sanitation purposes, and ideal for delivery/transport.

(Attach Additional Sheets If Necessary)

SOLE SOURCE REF. NO. 22-5

**NOTICE OF SOLE SOURCE**

The Chief Procurement Officer is in the process of reviewing the request from the department of  
Housing and Human Concerns, Senior Services Division, Home Delivered Meals Program

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for the sole source purchase of the following goods, services, or construction:

Expendable food service products for a meal packaging system used by the Home Delivered  
Meals Program, which serves the frail/homebound elderly of Maui. The meal packaging product  
includes: 3-compartment paperboard trays, film/wrap pre-printed with heating instructions, and  
portable meal movers(cases), and related freight charges. The film/wrap is adhered onto the  
paperboard trays thus sealing in the food for safety purposes and making it durable for delivery.

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Name of Vendor: Oliver Packaging and Equipment, Inc.

Address: P.O. Box 8506, Carol Stream, IL 60197-8506

Cost: \$ 66,795.96 Term of Contract: From: 07/01/21 To: 06/30/22

Direct Any Inquiries To:

Name/Title: Tiffany Iida, Sr. Svcs. Program Specialist Phone No.: 808-270-7321

Address: Kaunoha Senior Center  
401 Alakapa Place, Paia HI 96779 Fax No.: 808-270-8037

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7/2/21  
Date Notice Posted

**A copy of this notice of intent shall be posted by the Chief Procurement Officer and the purchasing agency in an area accessible to the public at least seven calendar days prior to any approval action.**

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**Submit written objections to this notice of intent to issue a sole source contract within seven calendar days from the date this notice was posted to:**

**Chief Procurement Officer  
County of Maui Finance Department  
200 South High Street  
Wailuku, Maui, HI 96793**

SOLE SOURCE REF. NO. 225

- (3) The following other possible sources for the goods, services, or construction were investigated but do not meet our needs because:

This vendor is the only manufacturer of the expendable product used for this meal

packaging system owned by the Home Delivered Meals Program. General take-out

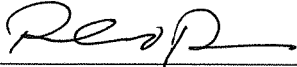
containers do not seal in the food and are not suitable for transport/delivery purposes.

Direct questions to: Tiffany Iida, Program Specialist

Phone: 808-270-7321

A completed Notice of Sole Source is attached.

**I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TO THE BEST OF MY KNOWLEDGE TRUE, CORRECT AND THAT THE GOODS, SERVICES, OR CONSTRUCTION ARE AVAILABLE THROUGH ONLY ONE SOURCE.**



Department/Agency Head Asst. Administrator  
Senior Services Div.

Authorized Designee (if any)

7/1/21

Title: \_\_\_\_\_

Date

\_\_\_\_\_  
Date

CHIEF PROCUREMENT OFFICER'S COMMENTS:

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\_\_\_\_\_  
\_\_\_\_\_

Please ensure adherence to applicable administrative and statutory requirements. This expenditure may be processed through a purchase order:

Yes  No . If no, a contract must be executed and funds certified.

APPROVED  DENIED

  
\_\_\_\_\_  
CHIEF PROCUREMENT OFFICER

7/6/21

\_\_\_\_\_  
Date

SOLE SOURCE REF. NO. 225